

No. 2  
-11-10-39  
5-17-39  
1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 2

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3158

Registration District No. 604 Primary Registration District No. 4356 Registrar's No.

1. PLACE OF DEATH:  
(a) County NEW MADRID 1940 2  
(b) City or town MARSTON MO  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days) 5 2 1

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County NEW MADRID  
(c) City or town MARSTON MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME CHARLES EARL MUNGLE  
(b) If veteran, name war WORLD WAR  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 11  
year 1940 hour 7:30 minute A.M.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY MUNGLE  
6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Aug 12 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1940, to Jan 11 1940  
that I last saw him alive on Jan 11 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 4 Days 29  
If less than one day hr. min.

Immediate cause of death Spleen Thrombosis  
Burrington 10/12

9. Birthplace UNION CITY TENN.  
(City, town, or county) (State or foreign country)

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation MACH

Major findings: Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name JOHN M. MUNGLE  
13. Birthplace MACON COUNTY TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name SUE MARSHALL  
15. Birthplace MACON COUNTY TENN.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (Specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury

16. (a) Informant Sue Mungle  
(b) Address Marston Mo  
17. (a) MOUNDS-NEW MADRID (b) Date thereof Jan 13 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MOUNDS-NEW MADRID MO

23. Signature Claude M. Ragan (M. D. or other)  
Address Marston Mo Date signed Jan 20 1940

18. (a) Signature of funeral director E. C. Winkler  
(b) Address New Madrid Mo  
19. (a) 1-25-40 (b) Wm O'Bannon  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

72  
40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**